

CITY OF MANCHESTER
Office of City Clerk
One City Hall Plaza
Manchester, NH, 03101
(603) 624-6455

OFFICIAL USE ONLY:

Number _____
Requested _____
Issued _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

(Please print)

Name of Registrant: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: ____/____/____ Place of Birth: (City/Town) _____

Father's name: _____
(First) (Last)

Mother's maiden name: _____
(First) (Last)

Purpose for which certificate is requested: _____

Your Signature: _____ Your relationship to registrant: _____

NH State Law for the search of the file requires a fee of twelve dollars for any one record. The State also requires a valid picture identification of the individual applying for the birth certificate before a record will be released. Please note that we do not accept any out of state checks, but money orders and bank checks are accepted. If we find that record and you meet New Hampshire's access requirements, you will be issued one certified copy of that certificate. Issuance of a birth wallet card will require an additional \$1.00. THE FEE IS NON-REFUNDABLE IN THE EVENT THE RECORD IS NOT LOCATED.

Long form: _____ (\$12 first copy, \$8 each additional)
Laminated Birth Card: _____ (\$13 first copy, \$9 each additional—not guaranteed for use outside of NH)

The certificate(s) will be mailed to the following address: (please print)

Name of applicant: _____
(First) (Middle) (Last)

Address of applicant: _____
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #: (____) _____ - _____

NOTICE

Any person shall be guilty of a CLASS B felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)

Please mail completed application to address above.